

RCE/11617

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/916,257
	Filing Date	July 30, 2001
	First Named Inventor	Alla Shapiro
	Art Unit	1617
	Examiner Name	Shahnam J. Sharareh
Total Number of Pages in This Submission	Attorney Docket Number	7505.100

FEB 20 2004

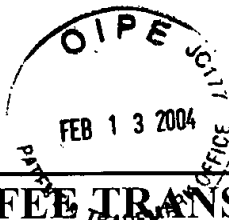
ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas P. Liniak
Signature	<i>Thomas P. Liniak</i>
Date	February 13, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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FEE TRANSMITTAL for FY 2004 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/916,257	
		Filing Date	July 30, 2001	
		First Named Inventor	Alla Shapiro	
		Examiner Name	Shahnam J. Sharareh	
Total amount of payment		\$860.00	Group Art Unit	1617
			Attorney Docket Number	7505.100

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 50-0548 Deposit Account Name Liniak, Berenato & White <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other*					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	750	201	385	Utility filing fee	
106	330	206	165	Design filing fee	
107	520	207	260	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					
2. EXTRA CLAIM FEES					
Total Claims		Extra Claims	Fee from below	Fee Paid	
Independent Claims					
Multiple Dependent					
Large Entity Fee Code	Small Entity Fee Code				
103	18	203	9	Claims in excess of 20	
102	84	202	43	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
108	84	209	42	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					
** or number previously paid, if greater; For Reissues, see above					
		* Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)			
		\$860.00			

Submitted By		Complete (if applicable)	
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Telephone	(301) 896-0600	Date:	February 13, 2004
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